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Seven articles focus on viewpoints of various professions toward the mainstreaming of handicapped children. Articles have the following titles and authors: "Mainstreaming--Prospects and Problems from the View of a Classroom Special Education Teacher" (L. Tashjian); "Mainstreaming--The Role of the Physical Therapist" (S. Baker); "Mainstreaming--The Role of the Occupational Therapist" (K. Schanzenbacher); "Mainstreaming--The Challenge of Professional Preparation" (L. Kieffer); "Mainstreaming in Education--A New Challenge" (P. Hoffman); and "Mainstreaming--From the View of a Physical Education Teacher" (S. Penwright). A final article by J. Andreacchi looks at "Some Current Issues in Special Education--New York City." (DB)

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ISSUE TOPIC: Mainstreaming: Professions in Concert or Conflict

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VIEWPOINT

As editors of the Spring issue of *The Forum* we have selected the theme "Mainstreaming: Professions in Concert or Conflict?" The intent of the issue is to provide representatives of several professions involved in the educational program of handicapped individuals, the opportunity to share their perceptions and express a position regarding their role in the total educational experience of the handicapped child. Four particular professional areas were selected to address the theme of the Spring issue since they share some primary and many tacit similarities in the delivery of their services to the handicapped individual. For example, is perceptual motor development the primary responsibility of any one of the professions? Could physical education be structured to enhance the development of academic concepts or should the special education teacher utilize the gymnasium to enhance the cognitive abilities of children? Should the eventual vocational role envisioned for the child serve as a focal point for program objectives? What parts of the total educational experience is each of us responsible for? Where and how should we overlap in the delivery of our services? Obviously issues and points of agreement and disagreement are numerous.

An Invitation To Express Your Views

We invite you to share your views on the professions cited above, as well as those not referred to in this issue, regarding their degree of involvement and interrelatedness in the over-all educational program for the handicapped child. The next issue of *The Forum* will initiate a column for reader reactions. Share your views!

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Summer 1979 Issue Preview

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Issue Topic:
None Public Schools as Alternative Providers in a Service Delivery System

Mainstreaming: Prospects and Problems From The View Of A Classroom Special Education Teacher

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Mainstreaming is a very challenging concept facing those responsible for educating the handicapped child. The traditional role of the classroom teacher meeting all of the needs of the student has been drastically changed; now a wide variety of professional resource persons each contribute to the educational process. Whether this change is of benefit to the child is a matter involving coordination of individual efforts and practical daily scheduling.

The situation can easily deteriorate into specialists at odds with each other over precious schedule time and divergent approaches to meeting the students needs, leaving the classroom teacher feeling threatened and frustrated. Since it is highly improbable that the professionals involved are not sincerely interested in the welfare of the student, what are some possible causes for the problems that a team approach presents? Perhaps the weakness lies with how each specialist views the individual student and his handicaps; perhaps each sees a different child because each is really looking at the handicap most likely to benefit from their own professional training. To illustrate the potential problematic situations that could arise, let us consider a few typical students and several practical approaches to meeting their needs.

Laurie is a non-ambulatory child with a deteriorating condition. Her rather high intellectual ability is camouflaged by her non-communication. The therapist is very aware of the lack of self-help skills and sees a need to equip her with a variety of devices that would enable her to become more independent.

Several daily sessions involving exercise and use of equipment will be necessary. The physical education teacher sees two major areas of concern: leisure skills and individual development. Laurie will participate with her class but will also have special attention plus one individual lesson a week. The classroom teacher recognizes the over-protective home environment and Laurie's eventual total dependency on others. She needs to develop academically and become more mature in her peer interaction.

The efforts of the specialists to provide Laurie with so much individual attention appear to conflict with the teacher's attempts of group involvement. A realistic assessment of Laurie's prognosis is vital in setting priorities. What self-help skills will she be able to practice at home? The therapist and teacher can decide on one device that will maximize her limited independence and facilitate group participation through a means of communication. The physical education teacher could teach wheelchair control at least partially in the classroom where Laurie will need to use it. Group activity in the gym need not exclude academic stimulation; practical number work with counting, score keeping, timing and abstract reasoning of rule interpretation is good for all students. In Laurie's case, being the whistle blower allows her to be involved with her peers when her physical disability would normally limit her as an observer.

Paul is a low functioning, easily distracted child. He needs individual help with almost every activity

(Continued on Page 13)

Mainstreaming: The Role of The Physical Therapist

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Maximizing a child's potential to function as independently as possible in his environment seems to be the axiom most frequently subscribed to by those working with children. What appears to be unique is the orientation each discipline has in arriving at the end product. It is this variability which may actually be the key to successful mainstreaming of "our special children," particularly if the variability is represented by a team approach that crosses disciplines. I have found that the success of the transdisciplinary approach depends on a mutual respect of training and skills, meaningful communication, sensitivity, and a sharing of knowledge, skills, roles and children. The danger appears to lie in extending one's professional services beyond his level of training and proficiency.

Physical therapists are becoming more familiar figures on the transdisciplinary team, but often times the role of the therapist working with handicapped children within the educational setting is either overlooked or misunderstood. At the preschool and primary grade levels the physical and occupational therapists frequently do so many similar things that they prefer to blur the distinctions between the two professions and simply call themselves "pediatric movement therapists." Therefore, as I elaborate on the contributions physical therapists can make to the transdisciplinary team, I am actually referring to both physical and occupational therapists.

When the special educator, physical educator and physical therapist collaborate to form a transdisciplinary intervention team, the children reap the benefits from the array of expertise and cross disciplinary reinforcement the intervenors provide. With the additional component of parents and family added to this triad, as well as other specialist, the child's progress is practically ensured!

The focus of physical therapy is movement; and since movement is one of the first responses of the newborn, the physical therapist becomes an intervenor very early in the developmental process. The uniqueness of the physical therapist's expertise in motor development is that it is based within a medical framework. An understanding of human anatomy, neuroanatomy, neurophysiology, pathology, and medical-surgical considerations enhance the therapist's armamentarium.

Abnormal movement patterns, improperly functioning sensory systems, and/or deprivation from normal development and experiences (e.g. touching and moving to explore) in early life will almost certainly have an effect on the development that is yet to come. Gross motor movement lays the foundation for further development. The spin-offs from gross motor development are numerous, but one of the earliest and most important is fine motor development. Motor organization is essential to development because it is the precursor to cognitive and perceptual organization. For example, I have found that children with learning disabilities invariably have perceptual-motor problems which can be obvious and/or subtle as well as having less than normal muscle tone. The ramification to education is that some children will not be ready for intensive intervention at the cognitive levels for they are still getting organized at the basic motor level. We need to consider where a child is developmentally and build from *that* level; treat the cause rather than the symptom. This seems to be where educators and therapists most frequently diverge—the therapist is oriented to treating the cause,

but the educator's perspective frequently is that of treating the symptoms (e.g."Susie will learn to read at the second grade level by June, 1979," never mind that she has difficulty with visual tracking across her midline, spatial orientation, and motor and visual sequencing.).

There are additional ways the physical therapist can contribute to the transdisciplinary intervention besides being a resource person for movement and development. He can assess the child in order to yield information concerning gross and fine motor developmental levels, perceptual motor dysfunction, muscle tone, functional abilities, and structural deformities. Furthermore, he can monitor the need, condition, and fit of adaptive equipment (e.g. splints, prothesis, wheelchair, etc.). On the basis of his evaluation of the child he can assist the educators and parents in clarifying the child's needs. He can be a direct intervenor by providing "hands-on" therapy to remediate problem areas that would interfere with cognitive, perceptual, social, and motor growth. His role as an indirect intervenor becomes apparent as he works with the teachers and parents in establishing positioning and handling techniques and/or remediation activities for use in the class or at home. He works hand-in-hand with the physical educator as a movement education program is developed to address the special needs of the child. The therapist serves as a link between the educational and medical communities and can enhance their working ties.

Kathy is a special friend of mine and her story presents a practical example of the physical therapist's role on the transdisciplinary team. Kathy is seven years old and has a diagnosis of cerebral palsy (spastic diplegia). Mentally she is at age level and is in a regular second grade. Kathy is an independent walker but must wear short leg braces to prevent her from walking on her toes and must use crutches for extra support.

The physical therapist's evaluation of Kathy revealed a functional spinal curve (scoliosis) probably due to the asymmetrical muscle tone (The finding was referred to the family's orthopedist.); her crutches were too short thus causing her to be bent forward at the hips (The therapist lengthened the crutches and replaced their worn-out tips.); gross motor development was at the thirty month level and fine motor at the five to six year level; adaptive skills were at the four year level; there were areas of perceptual motor dysfunction (i.e. motor sequencing, anatomical midline crossing, bilateral integration, motor planning and balance; her heelcords were moderately tight; and moderately increased extensor tone of the legs (the right more than the left) with mild overflow of tone to the trunk and upper extremities were noted. The therapist worked with the school personnel in identifying architectural barriers (A handrail had to be added to one of the stairways and support bars installed around one of the toilets.). Kathy's physical education teacher was taught how to take off her braces and shoes so that she could participate in an adaptive physical education class unencumbered by them, and the teacher was also taught how to support Kathy at her hips so she could walk without her crutches. The therapist recommended physical education activities that would be an adjunct to Kathy's physical therapy program.

Kathy's classroom teacher was glad to learn from the therapist that the crutches and braces would not interfere with her classroom activities. The teacher cooperated with the therapist's suggestions for Kathy to sit in a lower chair so that her feet were flat on the floor when sitting, to position objects to facilitate midline crossing and trunk rotation, and to provide Kathy with opportunities to lie on her stomach on the floor in the reading corner in order to put a maintained stretch on her hip flexors. The teacher agreed to reinforce the therapist's efforts to get Kathy to do more functional activities (e.g. dressing) by herself. The school psychologist did play therapy with Kathy to help her develop a positive self-concept. Kathy and her parents received assistance from the school nurse in designing a diet to keep Kathy's weight under control since she tended to gain weight easily with subsequent loss of mobility. Speech therapy was available but was not needed.

The physical therapist provided twice weekly therapy sessions to which the parents were invited so they could follow-up on the activities at home (Kathy's teacher also came when she could.) Emphasis of the therapy and abbreviated home exercise program was on active and sustained stretching of tight muscle groups, active strengthening, trunk rotation, developing symmetry of posture, normalizing muscle tone, advancing gross and fine motor skills and remediating the areas of perceptual motor dysfunction.

As the therapist interacted with the other professionals also working with Kathy, he received valuable input that gave additional direction to *his* evaluation and treatment of her. For example, the classroom teacher felt it was important for Kathy to increase her endurance for walking so that she would not be exhausted by lunch time. The teacher also kept the therapist informed of the skills Kathy was learning in class so that he could reinforce them in therapy (e.g. throwing a ball at the correct answer to a math problem while in a position to reduce muscle tone).

Kathy is not unique. Whether a child has a learning disability, neuromuscular disorder, absence of a limb, seizures, birth defect, mental retardation, etc., his potentials will be maximized by a transdisciplinary approach of intervention. The physical therapist's special skills and orientation are invaluable components of the intervention team. We need each other *at least* as much as the child needs each of us.

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Mainstreaming: The Role of The Occupational Therapist

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The normal child demonstrates a myriad of skills during the performance of his/her daily life tasks. Eating, dressing, playing with toys, riding the school bus, using tools, and communicating in the classroom, are all examples of complex tasks requiring the child to use sophisticated biological, personality, and social skills. The child with minimal to severe disability and/or dysfunction is hindered in the performance of these life tasks.

The goal of occupational therapy is to facilitate the child's capacity to achieve the highest level of functioning in the performance of his/her life tasks. Observing the child's participation, in individually selected and graded activities, helps the occupational therapist evaluate the child's performance of these tasks and the component skills needed to achieve them.

The Role of the Occupational Therapist

In the public school setting, the occupational therapist is directly responsbile for evaluating, developing plans, and providing the students with the occupational therapy treatment needed to meet their individual needs. As a member of the treatment team, the occupational therapist is responsible for reporting the evaluation and progress results to physicians, parents, and fellow team members. Consultation and assistance to parents, staff, and community service agencies are also an integral part of the program.

Direct Services to Special Children

The occupational therapist is trained to provide specific services to children with special needs. For clarification purposes, these services are discussed as they relate to specific handicapping conditions. Each area highlights a different treatment or evaluation emphasis but it must be kept in mind that these may be used in isolation or in a variety of combinations depending on the individual needs of each child.

1. *Physically Handicapped Children*

Children with physical handicaps present many therapeutic needs. Their ability to perform many life tasks are hampered by a variety of physical problems including muscle weakness, incoordination, postural integration problems, visual and auditory deficits, paralysis, tremors, spasticity, and varying sensory impairments.

One goal of occupational therapy would be to improve or remediate the underlying causes of these problems, when possible, and to improve the child's functioning. This would be accomplished by involving the child in specific activities that facilitate sensory integration, strengthen muscle groups, increase range of motion, and help improve coordination.

Orthothics and special adaptive equipment such as transfer boards, wheelchair adaptations, slings, special feeding devices, hand splints, writing devices, and dressing aides are often constructed by the occupational therapist to aid in physical restoration or to aid in the performance of the activities themselves.

To obtain the child's maximum level of independence self-help tasks such as dressing, feeding, grooming, and personal hygiene must often be analyzed and specific skills developed with the child.

2. *Learning Disabled Children*

Children with learning disabilities have normal or above normal potential for academic success but are not achieving their potential for a variety of reasons.

Through the use of standardized tests and specific clinical observations, the child's strengths and weaknesses are evaluated. Specifically, the occupational therapist looks at the following: bilateral integration, visual tracking and convergence, muscle tone and strength, reflex maturation, postural integration, tactual functioning, visual perception, eye-hand coordination, and motor planning abilities of the child. This evaluation provides the occupational therapist with a knowledge of the child's developmental, neurophysiological, and reflex maturation

levels.

Treatment activities might include some of the following: tactile stimulation (brushing, stroking); vestibular stimulation (spinning, prone board activities); equilibrium activities (on large theraphy balls, rocking boards); motor planning activities (mazes, mat activities); and activities stressing bilateral integration (pulling self up a ramp using a rope).

Improving the child's sensory integrative functioning is believed to help prepare the child for higher functioning tasks such as perceptual-motor activities and cognitive skills required in the classroom.

In conjunction with sensory integrative therapy, the occupational therapist often helps the children learn specific skills such as cutting, holding a pencil correctly, grasping a toy, drawing shapes, or tying a shoe. This teaching of a splinter skill" is often very needed and appropriate, but rarely facilitates integration of the brain's mechanisms as is the goal of sensory integrative therapy.

3. *Mentally Retarded Children*

The mentally retarded child often has orthopedic complications in addition to the lowered intellectual functioning and adaptive behavior impairments that encompass the definition of mental retardation.

A preschool occupational therapy program prepares the child for future academic tasks. The program should include activities that: provide general stimulation experiences to enhance the child's senses and motivational skills; diminish the primitive reflexes and develop the protective systems; encourage sensory integration and perceptual-motor stimulation; teach the child specific tasks through the use of task analysis and operant conditioning programs; and provide physical restoration activities when necessary.

With some children, prevocational goals must be started in the early years and continued until the necessary skills are learned. The occupational therapist's observation of the child's social and personality traits, plus findings from dexterity, coordination, strength, tolerance and perceptual tests contribute to the overall picture of the child's abilities.

4. *Emotionally Disturbed Children*

The emotionally disturbed child often elicits varied and unpredicable behaviors that are disruptive to the classroom situation and sometimes devastating to the home environment. These behaviors are often accompanied by motor hyperactivity or by degrees of withdrawal. In addition these children often have a poor self-image and poor coordination skills. All this contributes to frequent academic problems.

While the occupational therapist depends on the diagnosis of the psychiatrist and psychologist, the occupational therapy program incorporates graded activities to provide constructive outlets for the child's behaviors and emotional problems in general. Therapy is also provided for perceptual, sensory integration, and fine and gross motor problems when needed.

Home visits are often made by occupational therapists to help parents deal with behavior problems, watch for medication side effects, and plan and guide a home activity programs.

The Occupational Therapist on the Team

The members of the treatment team, in a school setting, have distinct yet interrelated functions in the evaluation and treatment of handicapped children. The occupational therapist must incorporate the goals and evaluation results of the other professionals into the planning of the occupational therapy services and also discuss the occupational therapy goals and results with the team. Schedules, priorities, and short and long term goals must also be discussed by the team.

Many occupational therapists prefer to work with the children in their classrooms, but if this is not feasible the classroom teacher should be provided with materials and background information to insure carry-over from therapy to the classroom.

The mainstreaming emphasis demands that information on the children, as well as general information, be shared with the general education staff, parents, and committees on the handicapped.

The occupational therapist must enlarge the team concept to include community services and programs. When working with the child's life tasks, frequent use of community services are required. For example, the therapist may be asked to help find a Boy Scout troop that will allow a handicapped member, or help the parents find the right summer camp program, or encourage the parent to attend an informational meeting sponsored by a community group.

Parent Communication

The occupational therapist must establish working rapport with the parents starting with the intake information that is concerned with the functioning of their child at home and in the community. Next the parents must be kept abreast of evaluation procedures and results, and finally, occupational therapy goals and treatment procedures must be explained as they relate to the child's total educational program.

In some situations the occupational therapist may visit the home to gain adequate evaluation and background information, or to implement and guide a home treatment program, or to help the parents select adaptive equipment for a physically handicapped child.

Summary

Federal legislation has mandated school districts across the country to provide an expanded educational program for their handicapped children.

The occupational therapist is unique in that she/he comes with a broad clinical and educational background. The occupational therapist is qualified to provide preventive and remedial therapy to all types of handicapped children of all ages. She/he is skilled in teaching self-help skills, skilled in physical restoration (especially hand function), skilled in the construction of orthotics and adaptive equipment, and can provide important prevocational input. In addition, occupational therapists can provide important neuromuscular growth and development, reflex

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Mainstreaming: The Challenge of Professional Preparation

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In order to more conscientiously meet the needs of nearly one-sixth of our nation's population, the Congress enacted several pieces of legislation which called for a greater commitment toward providing better educational opportunities to those who are mentally, physically, and/or emotionally less fortunate. The national commitment is to provide a better quality of life for a large and increasing percentage of our population with equality of opportunity to access all aspects of society, to achieve independence and dignity, and to achieve full integration of all individuals with handicaps into normal community living, working, and service patterns.

Many educators, parents, and interest groups have voiced their ambivalence toward current legislation which has taken an aggressive position in inclusion of handicapped individuals into our educational and societal systems. Why belabor an already foundering educational system when parents, media, employers, and all consumers of education's wares are complaining that the system is less than efficient in terms of exiting a quality product.

From this educators viewpoint the compliances with Federal mandates by the educational system, and society at large, are in a sense reparations for our collective sin of omission. Historically, our democratic egalitarian society has been at best, myopic in the selective inclusion of those who will partake of national resources.

The Final Report of the White House Conference on Handicapped Individuals presented recommendations to the educational force calling for more intergrative disciplinary efforts involving integration/intervention strategies in placing handicapped children into least restrictive environments. State, colleges, and universities should collaboratively develop teacher and other professional education and inservice materials/courses to provide more sophisticated skill development and positive attitudes about integrated educational situations. Curricula should be reevaluated and revisions made to facilitate the interdisciplinary team and resource center concepts being established for the handicapped. In order to provide ongoing diagnostic, consultative, training, and program services for the many education professionals, medical professionals and therapy professionals, each must look more holistically at the individual they serve. Reciprocity can only better serve the handicapped individual if there is a willingness to share disciplinary knowledge and to communicate with each other in the preparation of a prescription or plan for the individual's *total* educational experience. As has become apparent by review of the enacted documents and the summative recommendations on implementation by the Committee, professionals, whether educational or medical, must be made more aware of the special needs of the handicapped populations they will serve. It is estimated that this will require approximately a quarter of a million (250,000) additional personnel, an increase of more than half of the population of professionals that presently offer education and health care special services. Of the 250,000 personnel that are presently employed in the education of the handicapped, nearly 40% will require supplemental professional training in order to qualify for professional certification and upgrading of their professional skills. It is realistic, then, to state that personnel training will be *the* most significant and critical feature of implementation to effect changes that will and must occur in the plethora of allied special education services.

Special programs and curricula in the past have demonstrated a less than "special" impact on the population they served. Evaluation of the effectiveness of such programs have demonstrated fewer significant gains over many levels of educational experiences. With the exception of the severely mentally retarded who have responded with some long-term gains to specific kinds of curricular inter-

vention, investigations of classes for children with more ambiguous handicaps—educable mentally retarded, mildly emotionally disturbed, and learning disabilities resulting from perceptual handicaps, show quite different and tentative results.

This historical lack of success of curricular intervention and special programs is seen as having two causes. The first can be attributed to the educator's general lack of understanding about direct and indirect etiology contributing to learning handicaps. The second cause might be the rather dramatic absence of personnel trained to service the growing handicapped population. Many "regular" teachers are discovering that they are having to accept responsibility for the education of not only the 20-30 "normal" children charged to them but also some few additional children who have been mainstreamed for some portion of their school experience. With school districts maintaining a marginal force of ancillary support services for teachers' reflection of budget cutbacks, this task of education for *all* children becomes a veritable albatross. Degree programs historically have not provided enough teachers with adequate credentials to accept this responsibility, nor provided adequate in-service opportunities for regular teachers, although the inservice efforts appear to be more in evidence. Unless the University centers provide the programs for the preparation indicated, these factors will become even more biting features undercutting the effective implementation of the federal mandate.

Within the discipline of physical education innovative approaches in teacher preparation and career alternative curricula are becoming more apparent and necessary as greater and greater need for specialized training arises. Professionals in the field at present are discovering that the preparation received as recently as three years ago ill-suit the skill demand of today's current job market. Diagnostic tools and early detection capabilities are necessary; showing long-and short-term goal setting in the maintenance and/or enhancement of physical attributes and movement capabilities of the handicapped individual within the physical education program must be demonstrated.

Many elements are fundamental to the realization of national goals in the provision of total services to all handicapped individuals; however, none is more important than the availability of school personnel in sufficient number and with adequate expertise to insure the successful implementation of total education for the individual. This concept, implicit in the legislation, is not a recent concern on the educational scene. Integrated and humanistic educational approaches have been posited and implemented for many years. And particularly within the discipline of physical education the total education concept is personified. We are and have been, as a profession, broad in scope and diversified in implementation of program—and must now do even more in contributing our share along with the primary health care professionals.

In order to meet the challenge and achieve the goal of free and appropriate education in the least restrictive environment, training programs must be designed which reflect these directives. Specifically, in physical education it would call for a stronger scientific preparation, not necessarily in quantity of courses but more importantly in quality, where concern would be given to etiological and pathological components of development, morphology, and function. A more comprehensive understanding of learning principles and behavior with a heavy emphasis on both clinical and field based experiences. And lastly, a tremendous amount of effort must be expended in an effort to insure that all of the aforementioned program considerations culminate in a truly humanistic and individualized educational program, not only for the handicapped individual but all individuals as well. This will call for a true collegial effort on the part of all health related and educational professionals.

Research directed at the evaluation of special programs in physical education for the handicapped have demonstrated significant improvement in qualitative measures of motor performance, physical fitness, and self-concept as a function of active involvement in planned progressive programs of physical education activities, though longitudinal evidence is not as overwhelming because of lack of empirical data. Additionally, very critical data is being gathered on specific physical needs of the handicapped. Where once it was thought educationally sound to assume there existed a large amount of commonality among similar types of normal and handicapped individuals, researchers are now finding that there exists an extensive range of variability within levels of individual abilities within the whole population of individuals. These findings strongly indicate the need for special physical education programs designed to build upon performance capabilities and strengths and to address the unique needs of the individual rather than recycling traditional physical education programs for the handicapped individual's consumption.

Purpose of the Preparation Program

The physical educator must become a more sophisticated diagnostic-prescriptive appraiser of movement related expressions of the handicapped individual as well as the nonhandicapped individual in the class environment. Program emphases reflecting this should be placed on: 1) the application and use of diagnostic, evaluative and prescriptive techniques where appropriate; 2) investigation of approaches to remediate and/or habilitate perceptual-motor delays; and 3) considerations of ameliorative movement experiences for the handicapped individual. The theoretical and methodological contributions within the disciplines of allied health in concert with physical education should form the basis of the academic component in the program of study. To this end, the program should provide experiences which will aid in the understanding of the individual and the learning environment, considering physical,

psychological, neurophysiological, social, and emotional components. Additionally, the program should be designed to develop competencies needed by physical education professionals to become instrumental as change agents in both educational settings and community services to exceptional populations. To insure that adequate numbers of personnel are available to meet the charges set forth in the Education of the Handicapped Act as amended by P.L. 93-380 in 1974 and P.L. 94-142 in 1975, all levels of government and education must become equally involved in meeting this responsibility. The educational component within each level of government is responsible for implementing and/or facilitating the design and development of approaches for service to handicapped populations.

From a survey of the literature concerning the implications in higher education for training professional personnel for meeting the needs of children in a mainstreamed setting, two time sequences related to training were illustrated: the pretraining period of the undergraduate student trainer and the inservice training of the active professional. The pretraining period has traditionally emphasized foundational components. Conversely, the active professional, having experienced some of the realities of existing educational problems, is looking for means to acquire more sophisticated resources, integrated materials, and greater practical involvement in the solution to the problems as he/she *now* views it. In this examination of how educational institutions will meet the needs of handicapped children, it seems only reasonable that conventional boundaries and professional training be re-examined and made more applicable to the times that are at hand.

The overall plan for training personnel should emphasize a multi-disciplinary program of study. The professional that will exit should have the capability of providing meaningful movement experiences for handicapped populations with varying types and degrees of disability. Therefore, there is a great need to build, during the course of the program, a strong experiential component that provides active, involved participation of students in classes and environmental settings where handicapped individuals are already a part of a mainstreaming process. Students enrolled in the program should engage in ongoing supervised field work experiences in order to facilitate transitions of theory into practice. Other academic and practical components of the program should include acquiring skills in instructional and remedial techniques, utilization of support and medical personnel, equipment design and modification, record keeping, activity modification to accommodate individual needs, and familiarization with a variety of diagnostic tools and evaluative checklists.

Role

The role of the professional physical educator is now viewed as an active, contributing participant in individualized educational programs (IEP), and in the planning and assessment of handicapped individuals in educational settings. Recognizing the traditional role of the physical educator within the school environment as designer and creator of developmentally appropriate movement experiences in a variety of settings for the normal population of children, the physical educator must now acquire expertise in administering to another level of need within the school population. Since physical activity experiences are imperative in many instances to the total well-being of the handicapped person, the physical educator responsible for these activity experiences must be knowledgeable of cause-effect involvements in pathologic conditions, their clinical treatment, activity program structure based upon the condition and treatment, and resultant expectations for achievement to effect positive habilitative outcomes. With the scope and depth of theoretical and clinical preparation that is necessary for the training of the physical educator dealing with special populations, the role of this professional within the school is seen as both a program developer and resource person for other teachers. As a program developer the physical educator should assist in the structuring of the IEP. As a resource person the physical educator should be able to provide information relative to construction of measurement tools for drawing up and evaluating motor profiles; setting up instructional strategies and learning environments; designing techniques in manipulation and management schemes necessary for specific handicapping conditions typically seen within school populations.

Mainstreaming: The Role of The Occupational Therapist

(Continued from Page 8)

maturational, and sensory integration information.

Most importantly, the occupational therapist is trained to work as a member of the team—thus joining the other professionals, and the parents, in developing the handicapped child's skills to their highest possible level of functioning.

Mainstreaming: From the View of a Physical Therapist

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The passage of a public law in and of itself does not insure that the mainstreaming of disabled children will be realized without a volley of repercussions. School districts have suddenly been forced to remove architectural barriers and to provide appropriate education, though no legislation can erase the social and/or attitudinal barriers that exist in many of our public schools. Federal law can never dictate the true philosophy of a school district, for philosopy is a reflection of the attitudes, beliefs, and values held by the administrators, teachers, staff and parents. Each individual contributing to the child's experience brings his or her professional views to bear on the interpretation and implementation of the mainstreaming concept.

The physical therapist, as an active member of the educational team, can serve as an effective liaison between (liaison between) the medical and educational communities by collecting and interpreting pertinent data. The physical therapist, equipped with a comprehensive educational and clinical background, possesses habitation and rehabilitation skills which are valuable, appropriate additions to the education of the disabled child in the least restrictive environment. In addition, the physical therapist, can contribute to local Committees of the Handicapped by assisting and facilitating the planning of programs for developmentally disabled children. The type of physical therapy services delivered by the therapist takes into consideration both the child and his home-school environment. Services are provided to enhance classroom performance and to minimize the effects of the child's disability, thereby facilitating integration of that child into regular or specialized classrooms. Several evaluation mechanisms are available to the physical therapist, providing valuable information from which to formulate and to implement a therapeutic program for disabled children. The more physical involvement the child manifests, the greater is the need for direct physical therapy services.

Though each profession represents a specialized area, frequent overlap will certainly occur. We would be naive to think that any one specialization can independently provide all that is necessary for all people. The physician, the classroom teacher, the physical education teacher, and the physical therapist are specially trained in their respective fields. Though I have some knowledge of teaching, speech therapy, and occupational therapy, I would never consider myself an expert in those areas. As a physical therapist, however, I can contribute considerably to the management and the care of disabled children. As a member of this interdisciplinary team, the physical therapist not only provides direct service to the disabled child, but offers support to the classroom teacher, as well as to the physical education teacher.

The classroom teacher is the program manager, overseeing the progress of each one of her students. She ensures that each child is provided with those services necessary to facilitate an appropriate education. If staff attitudes and abilities permit, the physical education teacher, for example, can and should structure his program to enhance cognitive development. By the same token, the classroom teacher should use the gymnasium to assist in the development of academic concepts. A cooperative effort on the part of all team members will result in the most appropriate education.

Physical therapists, considering the nature of their training and the number available, should be utilized in: (1) providing direct therapy to the more physically involved children, (2) assisting the teacher in constructing overall educational programs for each child, and (3) conducting an individual evaluation of each child to aid in the determination of an appropriate program. Providing physical therapy services in the

classroom setting, which I have done in the past, is a valuable opportunity. I have learned greatly from the classroom teacher, and greatly respect her position and expertise. I sincerely hope that she either has learned or will come to learn that a physical therapist can be of assistance to her. If, somehow, we could overlook ourselves and focus our concern solely on the children's welfare, we would all ultimately benefit.

Invariably, the traditional argument is invoked at this point, that of agreeing that mainstreaming and professional cooperation sounds great, but concluding that we (the school district or the state and federal government) can not afford such idealism. Well, I vehemently disagree. The question is not one of dollars, but of priorities. The news media incessantly relates case after case of wasted state and federal dollars. Special interest groups who shout the loudest seem to receive the bulk of the funds, regardless of the merit of the requests. Our priorities must be reconsidered. Tighter controls must be clamped upon state and federal spending. If the concept of mainstreaming does not succeed and disabled children are not provided with the opportunity to receive a multifaceted, comprehensive education, then everyone becomes a loser.

These professional people are not necessarily in conflict. Each of their viewpoints is valid and can be combined into an effective educational plan. Being a gym aide can be a reward for finishing classroom assignments; reading functional words is easily incorporated into the work with the therapist; having a job responsibility is motivational for learning time concepts in the classroom. The team approach does work when individual viewpoints are shared and educational goals are blended together in a cooperative effort.

Mainstreaming: Prospects and Problems From The View Of A Classroom Special Education Teacher

(Continued From Page 4)

and becomes very upset with changes of routine. The classroom teacher is anxious to stimulate Paul to aid his development and welcomes help as long as it is not disturbing to him. The therapist has several approaches in mind to enable Paul to control his heavy salivating. She plans to take him out of the class several times a day for short periods. Physcial education presents some real problems with this child. Paul needs physical restraint to keep him within the teaching area of the gym, and he does not respond to verbal direction. The specialist prefers to work with him in a more confined area with a smaller group until he can handle the more normal physical education environment.

While the homeroom teacher would obviously appreciate as much help as possible in meeting Paul's needs, scheduling a large number of brief periods throughout the day is a burden for all concerned. It will be the teacher's responsibility to alert the specialist and therapist as to what they might expect on any given day concerning type of environment and stimulus to which he is responding. In order for Paul to profit from the talents of these professionals, they will need to be very consistent in their approach. Choice of verbal cues, means of restraint and acceptable responses should be carefully pre-determined and agreed upon.

Dave has a more normal appearance than many of the other students. He is alert, co-operative and athletic. While he shows good common sense, his academic ability is low and prevents him from being assimulated into general society. The physical education specialist hopes to develop Dave's self-image by using him as a gym aide. The school teams and Special Olympics will offer opportunities for him to utilize his athletic excellence. The therapist sees a potential career for Dave in nursing care. As an assistant he can learn techniques of handling and transporting the non-ambulatory. The practical problems of handling money, using clocks and reading functional words are uppermost in the teacher's mind. Dave will get vocational training later; he needs valuable class time now to enhance his chances for a less restricted adult life.

These professional people are not necessarily in conflict. Each of their viewpoints is valid and can be combined into an effective educational plan. Being a gym aid can be a reward for finishing classroom assignments; reading functional words is easily incorporated into the work with the therapist; having a job responsibility is motivational for learning time concepts in the classroom. The team approach does work when individual viewpoints are shared and educational goals are blended together in a cooperative effort.

Mainstreaming in Education: A New Challenge

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The Education of All Handicapped Children Act of 1975, (P.L. 94-142), is now in full effect. As educators what are our responsibilities under this mandate and how far can we go without stepping out-of-bounds in relation to other allied professionals serving the handicapped?

P.L. 94-142 stipulates that included in the child's education are " 'related services' which include developmental, corrective and other supportive services (including occupational therapy, recreation, and medical and counseling services. . .)"[1] Are we, as educators responsible for assisting in these areas and, to what extent are we liable for administrating a diagnosed plan of rehabilitation?

A primary concern is that the law be implemented as judiciously as is feasible for the sake of both the child and the school system. School districts must comply with the law now and because of the urgency of this mandate, teachers are being forced into situations and roles they are relatively unfamiliar with. It is apparent, from the concern shown at professional conferences, that many teachers are in need of a clear and explanatory set of guidelines. These guidelines would familiarize educators with the necessary state and federal requirements insuring that Individualized Education Program (IEP's) are in full compliance with the law. A handicapped child should not be provided a complete education because it is law, but because we, as educators, believe in the complete education of *EVERY* child.

Teachers will be held accountable for the IEP; a written statement representative of the appropriate education individually formulated for every handicapped child. Before an IEP can be written, an Individualized Planning Committee comprised of a representative of the public agency who is qualified to supervise the provision of special education (such as a school principal), the child's teacher, one or both of the child's parents, the child where appropriate, and other individuals at the discretion of the parents or legal guardians, must convene and develop a program which is suitable for the child. It is the committee's responsibility to identify the child on the basis of his condition, refer the child for assessment and evaluation, assess the child for levels of function, determine the eligibility of the child for a specialized program and finally to insure the implementation of the IEP.

The educator placed in-charge of the handicapped child will be responsible for keeping the IEP up-to-date. Included in the IEP will be the following: (1) a statement of the child's present level of educational performance, (2) a statement of annual goals including short-term instructional objectives, (3) a statement of specific special education and related services to be provided, (4) projected dates of initiation of services and anticipated duration of the services, and (5) objective criteria and evaluation procedures for determining whether the objectives of the program have been met.

We, are now faced with this new situation and it is our ability, knowlege, and positive attitudes, that will provide us with the footing to successfully accept this challenge. Suggestions for educators, faced with the task of familiarizing themselves with every aspect of mainstreaming, (including the knowledge of handicapping conditions), is to provide in-service clinics to the teachers as a parallel to teachers' conference days. These clinics focus on practical topics relative to mainstreaming, such as an overview of some of the predominant handicapping conditions that will possibly be dealt with within their district, attitudes of the child, the parents, and other family members, construction of the IEP, the modification and adaption of activities and equipment for use in the gymnasium and classroom, and services and resource materials available to the teacher. Area colleges could also play a supportive role and provide evening credit/non-credit bearing experiences for certified teachers.

Activities offered in the adapted program must coincide with the regular education program curriculum to the greatest degree possible so that mainstreaming can occur without depriving the student of exposure to a well rounded program. An attempt must be made to adapt each activity to the individual student's need without down grading the experience for either the handicapped and non-handicapped child.

It would be naive to believe that after program modifications were implemented, all problems would be alleviated. This is rarely the case and as in all programs, there are some factors and/or limitations that present problems. Some basic limitations which might present difficulty for teachers are (1) a lack of guidelines for sequential program development which are specific, clear, and follow a step-by-step approach; (2) a lack of communication between the school personnel and the family physicians or specialists; (3) scheduling problems; (4) a lack of detailed medical information on the child; (5) unavailability of updated medical referral forms; and (6) failure to keep progress reports (IEP's).

The Law is providing additional challenges for the educator and we must be enthusiastic and well prepared to adequately meet them. It is our responsibility to update our education, stay in tune with educational trends, and to evaluate the effectiveness of our teaching strategies and techniques. We must become familiar with our new roles and become active participants in the mainstreaming movement.

[1]Physical Education and Recreation for the Handicapped; Information and Research Utilization Center (IRUC): Education of All Handicapped Children Act, IRUC Briefing 1 (2): 3, 1976.

Central N.Y. Region News

The Greater Syracuse Chapter #1029 has had three programs this year. Our programs have been about: "Language Instruction"; "Child Abuse;" and "Early Intervention for Children with Handicapping Conditions." We were fortunate to have well-versed members of our community make each of the meetings interesting and provide our members with current information and instructional techniques in these areas.

Unfortunately, however, our attendance at each meeting has averaged about 15. This has been a chronic concern over the past two years that the chapter has been in existence. The chapter has been able to maintain it's members but has been unsuccessful at getting large turnouts at each meeting. At this time, we are setting up our last program for the school year and nominating a new slate of officers for the coming year.

It's a little premature to make a formal announcement but, there are a group of students at Syracuse University that have expressed an interest in forming a student chapter. Chapter #1029 has been assisting them in hopes that they'll have their own chapter by the end of the year.

Ruth Klein, *President*
Greater Syracuse Chapter 1029

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Mainstreaming: From the View of A Physical Education Teacher

Suzanne M. Penwright, Teacher
Eggert Rd. Elementary School
Orchard Park, New York

Passage of the Education for All Handicapped Children Act (Public Law 94-142) afforded the physical education component of total education an unprecedented opportunity to emerge from the recesses of ancillary services, often hidden behind games of tag and equipment requisitions and placed in the forefront of educational considerations. The purpose of P.L. 94-142 is to insure that all handicapped children have available to them free appropriate public education which includes physical education as a primary related service designed to meet their unique needs. This is viewed as a positive step by physical educators as we can now express more definitively what the parameters of our curriculum entails for all that we have and will be serving.

Our programs of physical education have historically included *all* individuals in the program with few exceptions. The concept of mainstreaming is, therefore, not totally new, nor is it considered an end it itself but rather it should be considered as one of many directions that the educational experience could take. Not all children can be mainstreamed equally or to the same degree. Mainstreaming is not effective or appropriate if children are simply placed in a regular class and expected to learn automatically.

How then are physical educators to deal with legislated mainstreaming? At the present time, my experiences as a physical educator have been in dealing with the elementary level of instruction (K-6) and intramural programs. Our handicapped enrollment includes two groups of B.O.C.E.S. (Board of Cooperative Educational Services) children with various learning disabilities identified as their primary problems. Our program is divided into three main grade level sections, (I = K, 1, 2, II = 3, 4, III = 5, 6). Within these divisions we have found the greatest similarity in needs and abilities. Within each section there is some similarity in activities, although the higher grade levels receive more challenges, more knowlege and strategies within the various skills. Our children are enjoying physical education and they are learning and building a solid foundation of skills, abilities and knowledges about self and what their bodies are capable of performing. As these knowleges are laid down, they are built upon with each succeeding year.

Our K-2 program is a perceptual-motor oriented program We teach skills that increase the child's awareness of himself and how his body moves. Within this program we include experiences such as body image, body awareness, exploration of locomotor and non-locomotor movements, body concepts, spatial relationships, and directionality. Thus, the perceptual-motor program encompasses many cognitive skills and builds affective references. When new concepts are introduced we incorporate them into a play experience that is simple and fun where the concepts are used. Most of our games have a lesson or core element which is discussed with a question-answer period at the conclusion. Also, within the cognitive domain, we touch on a myriad of academic concepts including vocabulary, arithmetic, and geography. Handicapped children are easily integrated within this program since it is highly individualistic and progressions are, for the most part, self-paced. Along with program content, it is always helpful if the special education instructor and the physical educator can communicate in terms of correlating instruction.

Optimally, children should be mainstreamed when they are ready, into classes where they will feel secure, be accepted by both instructor and students and where they will achieve success. Most likely, this will place an added burden on preparation time for the physical educator. Increased time will be needed for extra planning of activities, communicating with the special education teacher, examining and having input into the I.E.P.'s, discussing problems with

the learning specialists, conducting remedial programs, and possibly administering screening instruments and recording performance levels.

In the past few years, I have been team teaching with another physical education instructor. We do not teach each of our classes separately, but instead we open the dividing door and teach together. This offers the opportunity for one instructor to be the lead teacher, while the support teacher can devote individual time toward remediation on the spot. Again, this type of team instruction lends itself not only to individual assistance within the larger group, but small group structure can be managed effectively. As the children practice various activities within the lesson, the support teacher is free to move throughout the gymnasium checking for children having difficulty. The support teacher can provide individualized instruction in the gymnasium or can move to a more secluded area where skills can be practiced. Ability, age, and competition level should be similar for the children and the group into which they will be mainstreamed. Certainly, an older child does not want to be placed in a younger group, although a child could be mainstreamed into different classes, depending upon his needs, and according to the various activity units being taught. Our division of grade levels into sections provides enough reinforcement of concepts and experience for our handicapped children, especially if they start with our Kindergarten program, that some measurable amount of mastery is achieved at the end of the two or three years involvement within each section. Thus, repetition as is needed for each child is built into our program, so that success is available. The handicapped child receives both the repetition and stability in the learning environment he needs, and is moved into the next grade level section of our program when feasible.

As a handicapped child is mainstreamed into the regular physical education class situation, many positive benefits can occur. The handicapped child becomes aware of appropriate peer models of behavior. This could include the degree of attention and focus to a task, appropriate ways of handling emotion, high skill levels and low skill levels shown by others. Sometimes this latter element helps a handicapped child to see that they are not alone with their motor and coordination problems. In many situations, these children are readily accepted into the regular setting and establish friendships with the other children. As the process of socialization with the handicapped child increases, there will, hopefully, develop a greater understanding and compassion toward the handicapped. This seems to be most successful when the instructor can assist the communication of feelings to the children by guiding his words and actions. A great feeling of togetherness can develop, especially in the primary grades, between the handicapped children and the rest of the class.

Many teachers assume that because a child "looks" physically normal they can perform as normally expected. This is not necessarily true, especially with minimally handicapped and learning disabled children. Learning disabled children, for the most part, look normal and so many individuals expect that they should act normal. The instructor becomes highly frustrated when this handicapped child does not meet their level of expectation. Many times unnecessary punishment is inflicted because a handicapped child could not perform as anticipated. Perhaps a child with a short attention span and high distractability can not sit still and hold a ball on his lap like everyone else. Such deviations in expected behavior should not bring forth punishment such as elimination from the activity or removal from the class. An instructor should know that all children are not carbon copies of each other, even though our methodology would say the contrary.

Due to various administrative tangles, I have also been in the situation where the B.O.C.E.S. children have not been mainstreamed into regular classes. While there are many advantages associated with instructing special children in segregated classes, I think the children do need the peer models and experience which mainstreaming offers. I often sense a lack of purpose and a loss of relevancy to the children when they are segregated. I particularly notice an increased amount of inappropriate behavior manifested in many forms. Also, there is a lack of subtle pressure to excel.

How then do we cope with the law to make it work successfully? Much of the burden will fall on the physical education teacher to make the extra effort and devote the necessary time to the project of mainstreaming. With slow gradual steps, effective implementation can occur. If children at the present time are instructed in a separate group then slowly mainstreamed two or three at a time into the regular class according to their level, it will result in a smoother transition for all involved. Attempt to maintain the attention and support that they previously received. As the children do become mainstreamed into the regular class situation, it would be very helpful if a remedial time block could be set aside sometime during the week, so that specific skills could be refined. Depending on the instructional setting, alternative means may be used to slowly induct the child into full mainstreaming.

The physical educator must examine his program to determine the extent of its educational soundness. Is it a program which develops progressive learning activities for both normal and handicapped children? Is it a program where children receive a sense of enjoyment, a sense of success, and a sense of self-worth? Successful skill achievement does not just happen to most children; skills must be taught, learned and practiced. It is now up to the physical educator to do just that, with all children, including the handicapped.

Some Current Issues in Special Education—New York City

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Whether New York City may be viewed legitimately as typifying contemporary issues in education is arguable. Perhaps The Big Apple simply represents an advanced case of urban decay and of educational failure devoid of instructive potential. I think not, however, and have been strengthened recently in my opinion that the city's problems in education are similar in many ways to those experienced in surrounding suburban and even exurban communities. Perhaps no aspect of education in New York City is so controversial and interesting as special education. This article will attempt to deal with what appears to the author to be central issues in that area, often with a potential for generalization to other school systems. It is important to remember also that we are dealing with a school system that includes about a million children. Approximately fifty five thousand of these children are in special education programs and a waiting list for special education of about twelve thousand exists.

Supervisory and Administrative Patterns in Special Education

The past few years have seen numerous changes in the administrative structure and supervisory patterns for special education in the city public schools. All public school programs in special education are under a "Division" structure (i.e. The Division of Special Education and Pupil Personnel Services) rather than under any BOCES affiliation. Recently Pupil Personnel Services were separated from the actual school and class programs in terms of administrative entities. Other major changes in administrative structure may well follow.

There have been numerous changes within the last five or six years in leadership personnel. Behind such changes lie confirming controversies on how best to organize and deliver special education services and how to incorporate burgeoning referrals in special education in a more integral way with community school programs.

Additionally, one gets a sense of almost desperate hope that new leadership will generate solutions to vexing problems.

One area, the borough of the Bronx, merits particular attention. Almost two years ago a pilot program in "Regionalization" was begun there (Feulner 1976). The varied components related to the establishment of the new semi-autonomous region were carefully pre-planned, if somewhat hastily implemented, in a geographical area containing approximately ten thousand handicapped children in full time public school programs.

An independent evaluative study of this effort is reputedly about to be made public as this article is being written. The report will surely be instrumental in relation to whether programs for the handicapped in New York City schools are regionalized, remain centralized or move more closely to decentralized school districts.

The regional experiment has included the reassignment of special education supervisors from single category supervision (i.e. supervisor of classes for the emotionally disturbed) to cross categorical supervision (i.e. supervisor of almost all programs for the handicapped in the public schools in a given area not under a special education principal). The saving of time is consequent upon a given supervisor confining his efforts to a delimited area rather than ranging over a large portion of a borough is evident. On the other hand some recent research by the author and a colleague (Andreacchi and Miller 1978), shared with the Regional Office and Divisional Administration, indicates the complexities involved in switching traditional roles. It was found that building principals where different special education classes were housed were generally pleased to relate to one rather than to a number of specialist supervisors (a common occurrence under the categorical

approach to supervision), but that issues of competency and confidence emerged, at least in the supervisors' own minds, as did concerns about how best to retrain these supervisors to meet their expanded reponsibilities. The future of the so-called "Bureaus" appears problematic. Traditionally, despite some "Multi Bureau programs", most of special education has been delivered in New York City under a Bureau structure tied to a particular categorical label. While it may be premature to forecast the demise of Bureaus, the possible implications of cross-categorical supervision are evident.

Labels

The problems around labeling are complex and often generate controversy. Without attempting to deal with labeling and funding, an area of considerable complexity and of fundamental importance in its own right, I would like to treat some other related issues. Only recently, for instance, has the New York City system begun really to accommodate itself to the learning disability label. In its place other designations have at times been utilized ("Health Conservation 30" classes for children with supposed neurological deficits, for instance). The appropriateness of this is of course questionable and it appears that the label of learning disability (or disabilities, at a more specific level) is now being fully recognized along with the concomitant need to mount programs.

Another set of related problems in labeling relates to behaviorally disordered pupils. Programs in the school system in the Bureau for the Education of Emotionally Handicapped Children (BEEH) encompass a wide variety of day and institutional (often residential) settings. Not only are acting out children found in separate Day Special Schools, but they are also found in classes for the Emotionally Handicapped (CEH classes) housed in community schools and in high schools. The institutional settings include such diverse affiliations as correctional and remand settings, psychiatric hospitals and treatment centers, narcotics prevention and treatment programs and houses for neglected and dependent children. Perhaps what can be said usefully at this point is that the appropriateness of labeling many of the individual students in these varied settings is open to question. In fact, many of them are not technically labeled since they may not go through a Committee on the Handicapped review, e.g. in a remand setting turnover is such as to make typical COH review for purposes of labeling practically impossible anyway. Questions are being asked about some of these admittedly unusual populations, especially those in remand, correctional and narcotics related settings. Traditionally, part of Special Education's responsibility in the city. Their possible movement into regular education or to state affiliated programs is being examined.

The state itself is interested and the possibility of delabeling children in special education is also under examination according to recently disseminated information (Rosenberg 1979). That the city itself has also been sensitive for some time now to problems around labeling, especially legal problems, is undeniable (Legal issues in the classification of handicapped children in New York City 1977).

Teachers for the Handicapped

Providing trained teachers for public school handicapped children and youth has not been easy in recent years in New York City despite the presence in the area of many university training programs. Perhaps the greatest difficulties have been encountered in attracting trained teachers to growing programs for the neuroiogically impaired (HC 30 classes), for the neurologically impaired and emotionally handicapped (NIEH classes), and for the emotionally disturbed in special classes (CEH classes).

The possibility of a generic license (i.e. Teacher of Special Education) is also being examined. The relationship of such a license, if it ever comes into existence, to actual assignment and to state certification will need clarification. The related issues of labeling and Bureau identity based on label are obviously also connected to such a change in licensing.

Whatever changes around technical definitions of licensing take place, the city must still be concerned with the assignment of teachers in terms of particular skills, training and expertise to particular programs for children. The notions of being able to serve as a Special Education Teacher in a number of related areas with children who are learning disabled as well as emotionally disturbed, for instance, and of programming some special education children cross categorically on all also intimately connected. On the other hand programs in Special Education are so diverse in a large system like New York City that one can argue quite reasonably that no single license or teacher preparation sequence can possibly equip a classroom teacher of emotionally handicapped children and youth to cope adequately with instructional problems as varied as those that are typical of primary grade autistic children, adolescent aggressive youths or young adult narcotics addicts.

It would be less than candid to leave this area of discussion without noting again the fact that many qualified teachers in Special Education trained in the metropolitan area are apparently not entering the city system, i.e. concerns about working in poverty areas with minority group children who are viewed as difficult and at times dangerous. The best efforts of the Board of Education Teachers along with University efforts in pre and in-service training have so far met with limited success.

Mainstreaming and the Least Restrictive Environment

While a number of model programs in the mainstreaming of handicapped children exists at all levels of the school system, on a broad basis most handicapped children in Special Education programs in New York City are still experiencing school life in essentially segregated environments. Presumably plans to develop a comprehensive resource room program will result in significantly increased opportunities for mainstreaming and fill in an evident gap in the

continuance of services for handicapped children.

There is another issue around less restrictive environments as related to acting out children, however, that is of particular interest. For an acting out, aggressive child, labeled perhaps "emotionally disturbed: (there used to be a label "socially maladjusted" in use officially some few years ago) identifying the most appropriate education is not always easy. If assigned to a special class in a community school or a high school, he may or may not be programmed for mainstream activities, but the opportunity for such programming is there. At times such a student may not be able to deal with the problems inherent in mainstream interaction in effect may find that he (or she) is segregated even while within a community school building. The need then to examine the program quality in light of the availability of clinical and counseling services, career education programs, etc. is evident.

Since acting out children in general are not notably successful candidates for mainstreaming, a re-examination of the separate facility for such a population is perhaps in order. I would immediately caution that I am concerned here with a limited operation in terms of numbers and not a convenient back water or limbo where harassed administrators immediately direct their problem students. The Day Special Schools in New York City are for acting out aggressive children now labeled emotionally handicapped. They are by nature separate, segregated administratively, and to a large extent, racially. A severe court scrutiny resulted in a decision commending these schools for their laudable efforts calling for additional assistance and exonerating the Board of Education from culpable intent to segregate by race (Lora vs New York City Board of Education 1975).

A close look at the separate setting for acting out populations appears warranted, to me at least, even in the face of contemporary conventional rhetoric that often endorses "mainstreaming" or "Less restrictive environments" in terms of unqualified acceptance. Caution in this connection would suggest that mandatory procedures for period reviews for return to community schools be taken seriously.

A more pervasive problem, however, in this area is the lack of a sufficiently sophisticated gamut of programs for handicapped children under community school direction. The very fact that the Resource Room program is in its infancy is our indication of this. I would also like to re-emphasize that this is especially true for acting out children. The impulsion to refer the acting out child to segregated programs whether to separate classes or to separate schools is understandable but not acceptable when the number of children so referred becomes inordinate. There are more than a few observers who feel that that point may have been reached in New York City. Since disruptive aggressive behavior doesn't occur on schedule, Resource Room programing may not be much help here. The paucity, indeed virtual absence in some instances, of clerical, guidance and supportive personnel in community schools places community school teachers and administrators in a most difficult position. The same is true of high schools it would seem. Perhaps Special Educators can help in this connection. I would suggest that the whole area of Regular-Special Education interaction needs careful re-appraisal with a view toward cooperative program development emphasizing community based programs with maximal mainstream components for handicapped children. The training of mainstream teachers to deal with special education students, for instance, needs to be addressed in a comprehensive way. There are indications that the present Board of Education and Chancellor are moving to bring special and regular education closer to one another with this end in view.

Some Final Areas

The general "de-institutionalization" of handicapped populations from such settings as Willowbrook, houses for neglected and dependent, psychiatric settings, etc. has led to the re-integration, physically at least, of handicapped individuals, many of school age, into community settings. New York City has gotten its share of such de-institutionalized children. There is a need to examine how successfully this population has been re-absorbed into the city schools regardless of whether their placement or return to the city was to regular or special education. Group home personnel for instance have expressed to me, on more than one occasion, concern about appropriate education and counseling in the schools. The issue is not one of Regular vs Special Education, but rather of looking at the needs of a re-located, and in a sense, dislocated population.

The Committees on the Handicapped (New York City's Child Study and Evaluation Teams) are faced with the unenviable task of dealing with thousands of referrals while attempting to catch up on mandatory re-evaluations. They also face problems in such areas as: finding sufficient bilingual personnel, finding or developing reliable and valid bilingual assessment instruments and coping with criticisms around the admittedly high percentage of children referred to separate Special Education programs.

The whole issue of bilingual Special Education needs fuller examination in New York City. Admittedly a substantial proportion of the city's handicapped population is Hispanic in background and again a sizeable sub-portion is Spanish dominant linguistically. Perhaps more than examination or study, what is needed is action on the part of various appropriate parties to develop more training programs for bilingual backers of special education and for bilingual school psychologists, in particular.

It seems clear then that the interconnections of social, political and cultural realities with the education of the handicapped in New York City present educators and other social planners with plenty to think about and then to act.

LITERATURE REVIEW

NOTES FROM A DIFFERENT DRUMMER: A GUIDE TO JUVENILE FICTION PORTRAYING THE HANDICAPPED. Barbara H. Baskin and Karen H. Harris, New York: R.R. Bowker Company, 1977. 375 pp. hard cover $15.95.

NOTES FROM A DIFFERENT DRUMMER—A Guide to Juvenile Fiction Portraying the Handicapped by Barbara H. Baskin and Karen H. Harris is a much-needed and refreshingly well-done volume. Published by R.R. Bowker Company, it should be a boon to parents and teachers alike in guiding children and adults in finding and selecting juvenile fiction books depicting characters with various specific disabilities.

The greater portion of the book is comprised of an annotated guide including several hundred titles published in the years from 1940-1975.

In their preface, the authors explain their criteria for book inclusion, and point out that "fiction. . .is the literary genre that permits the widest latitude for the full expression of contemporary perceptions and values." Admitting to the difficulty of separating fiction from all other literary forms to explain some overlapping in choices, they have included some biographical fiction and quasi-fiction stemming from non-fiction of a didactic nature. . ."embedded in an identifiable story form."

The authors make the distinction between disability and handicap—the former a reality such as the loss of vision, and the latter a social term dependent upon the "restrictions and opportunities determined by society." They point to their choice of "handicap" in the subtitle because of its "greater familiarity among non-specialists in the field."

The analysis of juvenile titles follows an interesting and informative discussion of disability within a social, cultural and historical framework. We see how attitudes toward the disabled have been reflected in the literature throughout the years, and how contemporary literature and media portrayal show a more positive trend.

Stories noted and reviewed include characters with a range of impairments—intellectual, visual, auditory, speech, orthopedic and cosmetic. Emotional and neurological dysfunctions are included, and health problems are dealt with, including diabetes, asthma, and cardiac disorders. Though labeling has been avoided as much as possible, specific disabilities are identified with the annotations. However, the annotations are not grouped according to disability.

Each annotation includes a plot summary as well as a critical evaluation of the treatment of the impairment and the literary quality of the work. Recommended reading levels are included. A Subject Index which groups the annotations according to disability and a Title Index enhance the usefulness of this book.

Espousing the philosophy that "impairments should neither be exaggerated nor ignored," the author/editors make a supreme effort to cut through age-old prejudices and re-shape attitudes in new and positive directions where the handicapped are concerned, to influence change in youngsters during their most impressionable years through the use of fictional models. Readers are encouraged to examine the social context in which values concerning the disabled have been developed and are entrenched. By looking at traditional social responses along with the reality of disability, it is hoped that healthier attitudes will begin to crystallize and prevail. Certainly, the practice of mainstreaming adds an immediacy and urgency to the need.

Being familiar with a number of the books included in the Guide, this reviewer can attest to the care and thoroughness the authors used in developing it. NOTES FROM A DIFFERENT DRUMMER is an excellent guide and a valuable reference for anyone working with children, disabled or not.

Anita Foster is a Reading Specialist at the Maple West Elementary School in Williamsville, New York, and a doctoral student at the State University of New York at Buffalo. She has reviewed books for ***Early Years*** Magazine and ***The Journal of Reading*** con-
tinued from page 20.

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To: Executive Committee Members
CEC Members (New York State)

From: Dr. Barry Glick, Past President NYS-CEC
Chairperson, Nominations and Elections Committee

Re: Nominees for Election, Administrative Year July 1, 1979

The nominations committee met and considered the names of individuals submitted to it from units within NYS CEC, Executive Committee Members, as well as the general membership. Resumes from individuals were requested, as well as a candidates statement. The following is a summary of those who have been nominated for election. A copy of the complete credential of each candidate is on file and available. The offices to be elected this year are:

VICE PRESIDENT—automatically succeeds to President-Elect, President, and Past President.

REGIONAL REPRESENTATIVE—three year term (7/1/79-6/30/82) to be elected for Region III New York City

REGIONAL REPRESENTATIVE—three year term (7/1/79-6/30/82) to be elected for the Central New York Region.

BOARD OF GOVERNOR—three year term (7/1/79-6/30/82) to be elected by all members of NYS CEC, to represent New York State Federation on the National CEC Board of Governors, the administrative governing arm of CEC.

Candidates for Vice President

Name: Gary O. Carman

Current Employment: Executive Director,
The Andrus School,
Yonkers, N.Y.

Candidates Statement: As a Special Education professional, I am deeply concerned with the current effort to fully implement P.L. 94-142. Particularly of concern is the attempts of many to place the total responsibility for implementation directly upon the individual special education teacher. As Vice President, I will work for the delivery of responsible professional services to the membership and toward educating the public to the appropriate role of the special education teacher in the implementation of P.L. 94-142.

CEC Activities: Member of CEC since the early 1960's. Student Chapter, State College at Buffalo; founding member and Secretary/Treasurer of Western New York Chapter of Council for Children with Behavioral Disorders-1965; President WNY Chapter of CCBD, 1966; National Chairman of CCBD Nominating Committee, 1967-69; Member of CEC Student Chapter, Syracuse University, 1970-1972; Member of CASE, 1971-present; Member of Chapter 0615; Candidate for Vice President Chapter 0615; Program participant, Dallas International Convention 1979.

Name: Janet L. Jacobs

Current Employment: Coordinator,
Project: Child in Crisis, A Team Approach—Learning
Adjustment Department, School #42
Buffalo, New York

Candidate's Statement: My goal as Vice President would be to attempt to unify the various local chapters into a functioning network of sharing units. I feel it is especially important at this time, with the current federal regulations regarding special education, to establish a feeling of cohesiveness to foster the exchange of workable programs.

CEC Activities: The Council for Exceptional Children; member of the local Buffalo Chapter for the past four years.

Candidate for Regional Representative Region III

Name: Bertha L. Perez

Current Employment: Teacher

Candidates Statement: I feel honored and would welcome the opportunity to serve the Council for Exceptional Children on the State level.

CEC Activities: Active member of Queens College Chapter #805; Executive Board Member, Governmental Relations Chapter #805, 1974; Vice President (805), 1975; President Elect (805), 1976; President (805), 1977; Past President (805), 1978; participant in the 1975 and 1978 NYS CEC State Conventions.

Candidate for Regional Representative Central New York Region

Name: Margaret N. Clarke

Current Position: Education Coordinator,
N.Y.S. Division for Youth
Auburn Special Residential Center
Auburn, N.Y.

Candidate's Statement: I am honored to be considered for re-election to the position of Regional Representative for the Central New York Region. There has been much progress during the past three years, in the region and at the State level. The redrafting of the State Constitution, the revitalization of the Syracuse and Binghamton Chapters, and the opportunity to work with the grass roots membership are a rewarding challenge.

CEC Experience: Involvement at the Local and State levels since 1970. Executive Board member, Regional Representative, State Convention planner, and coordinator.

Candidate for Board of Governor

Name: Eileen L. Corcoran

Current Position: Professor, Curriculum and Instruction SUNY, Brockport

Candidate's Statement: The Board of Governors is the controlling force of the Council for Exceptional Children. It is important that New York State is represented by a person who understands the potential of NYS-CEC, as well as the constraints under which our Executive Board operates. As a past president of NYS-CEC, I feel that I have the necessary background to represent our organization at the National level. I would be honored to serve as Governor from New York State.

CEC Activities: New York State Federation Treasurer, 1966-69; NYS Federation Vice-President, 1969; NYS Federation President-Elect, 1970; New York State President, 1971; NYS Federation Past President 1972; Registration Chairperson, National Conference, New York City (12,000+ in attendance), 1974; Chairperson Exceptional Children's Foundation, Council for Exceptional Children, NYS, 1972; numerous years of local chapter involvement, Brockport, Buffalo, and Rochester; numerous presentations and papers at State and National CEC conventions.

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